

Indiana Arts Commission/ Jasper Community Arts Commission
Regional Arts Partnership
FY2006 Mini-Grants Program Application

Application Deadline: April 1, 2005

Please respond in the space provided unless instructed otherwise.

Organizational Name:

Mailing Address:

Telephone:

FAX:

E-mail Address:

Web site address:

Federal I.D. Number:

Dun & Bradstreet Number:

Year of Organization's Incorporation:

Person Preparing Application:

Title:

Address:

E-mail Address:

Telephone Number:

FAX:

Name of Project Activity:

Beginning and Ending Project Dates: Beginning:

End:

County (ies) served by this grant project:

Grant Request Amount (not to exceed \$500):

Applicant Institution: ____

Application Status: ____

(See Appendix E of Guidelines)

Legislative Districts: (Based on your organization's official street address and the Zip+4 zipcode) Do **not** leave this question blank.

State House District #: ____

State Senate District #: ____

U.S. Congress District #: ____

Compliance Statement

The undersigned certifies that s/he (1) is a principal officer of the Applicant with authority to obligate it, and (2) has read the guidelines incorporated herein by reference, and (3) will comply with all guidelines, including federal and state statutes prohibiting discrimination against any person on the basis of race, color, national origin, gender, age, religion, or physical or mental disability.

Signature, Authorizing Official (Board Chair or Executive Director)

Date

Title

Proposal Narrative (Use the space provided below to respond to **all** portions of the questions)

Project Quality

Briefly explain your proposed project activity

Describe the who, what, when, where, and why of your project. Please include your organization's mission, who they serve, and how this project relates to your mission?

Personnel

Describe the people involved in the completion of this project, their roles, and why they were selected for the job.

Community Impact

Audience

Describe who will benefit from this project activity? How many people will be involved? Will your project be accessible to handicapped?

Project Management

Marketing

How will you let people know about this project? Describe your publicity.

Provide a timeline for your project activity.

Provide as much detail as possible including committee meeting dates, marketing deadlines, programming benchmarks, and evaluation or review.

Where will you obtain your matching funds?

PROJECT BUDGET SUMMARY Please indicate the budget for your proposed project. Your grant request (line 26) must be matched dollar for dollar, either with 100% cash income, or a combination of at least 50% cash income plus in-kind contributions (Line 28). Contact the JCAC for questions regarding budgeting for in-kind expenses.

ESTIMATED EXPENSES	Column A CASH	Column B IN-KIND	Column C TOTAL
1. Personnel-Administrative	\$	\$	\$
2. Personnel-Artistic			
3. Personnel-Technical/Production			
4. Outside Artistic Fees and Services			
5. Outside Other Fees and Services			
6. Space Rental			
7. Travel/Transportation			
8. Marketing/Publicity/Promotion			
9. Remaining Operating Expenses			
10. Capital Expenditures-Acquisitions			
11. Capital Expenditures-Other			
*12. TOTAL Cash Expenses	\$		
13. TOTAL In-kind		\$	
+14. Total Project/Operation Expenses (add lines 12 and 13)			\$
ESTIMATED INCOME	\$		
15. Admissions			
16. Contracted Services Revenue			
17. Other Revenue			
18. Corporate Support			
19. Foundation Support			
20. Other Private Support			
21. Government Support-Federal (Non-RPI)			
22. Government Support-Regional/State (Non-RPI)			
23. Government Support-Local			
24. Other Applicant Cash			
25. Total Non-RPI Cash Income (add lines 15 through 24)			
26. REQUEST TO REGIONAL PARTNER			
*27. Total Cash Income (add lines 25 and 26)			
28. Total In-kind (from line 13)			
+29. Total Project/Operation Income (add lines 27 and 28)			\$

*** Line 27 (Cash Income) MUST EQUAL Line 12 (Cash Expenses)**
+ Line 29 (Total Income) MUST EQUAL Line 14 (Total Expenses)

DEMOGRAPHIC INFORMATION

The following data about your project/activities is required by the Indiana Arts Commission and the National Endowment for the Arts. ***Estimates are acceptable.*** You will report actual figures on the final grant report. *If the applicant is a fiscal sponsor, provide information about the sponsored organization only.*

1. NUMBER AND CHARACTERISTICS OF PEOPLE TO BE SERVED BY THIS GRANT

Characteristic	Artists Served	Governing Body	Staff, Members & Volunteers	Total of all persons served
RACE/ETHNICITY	NUMBER	NUMBER	NUMBER	NUMBER
a. American Indian/Alaska Native				
b. Asian				
c. Black/African American				
d. Hispanic/Latino				
e. White, not Hispanic				
f. Native Hawaiian/Pacific Islander				
g. General (for Organization)				
h. Total of all in column				
AGE				
h. Total Children (under 18)				
i. Total Seniors (over 65)				
DISABILITY				
j. Total Persons with Disabilities				

2. WHAT COUNTY OR COUNTIES WILL THIS PROPOSAL SERVE?

3. IF YOUR PROPOSAL INVOLVES ARTS EDUCATION, DESIGNATE THE SIZE AND TYPE OF AUDIENCE YOUR PROJECT'S ACTIVITIES ARE DIRECTED TO:

	<i>50% or more</i>	<i>less than 50%</i>
Pre-K	_____	_____
K-12	_____	_____
Higher Education	_____	_____
Adult learners	_____	_____

ACCESSIBILITY STATEMENT

All applicants must complete this form.

THE APPLICANT, _____:
(insert name of applicant organization or fiscal sponsor here)

- **ASSURES** that all *arts programs, services, and activities* made possible with Regional Partnership Initiative funding and all *facilities* in which such programs, services, and activities are held (whether owned, leased, or donated to the Applicant) will be accessible to people with special needs, in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 OR will provide readily achievable reasonable accommodation as warranted.

- **ASSURES** that this warranty is based on: (check all applicable)

_____ Independent accessibility assessment, completed by:

(name, title, date)

_____ Applicant self-assessment, completed by:

(name, title, date)

_____ Recommendations from a citizen advisory committee,
composed of persons with disabilities.

_____ Other (specify): _____

- **ASSURES** that materials supporting this statement are maintained on file and are available for review.

Signature, Authorizing Official

Date Signed

Title of Authorizing Official

Telephone Number